MARYLAND 3484

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03468

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Silver Run X
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, Md. R. D. 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Silver Run X
STREET ADDRESS (If rural, give location): Westminster, Md. R. D. 1

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Nelson (Last) Bankert

4. DATE OF DEATH: (Month) 4/17/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/5/1870

9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Bankert

14. MOTHER'S MAIDEN NAME: Julia Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Paul E. Bonkert Westminster, Md. R-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion, acute — Interval Between Onset and Death: 5 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1953, to April 17, 1954, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE: L. L. Bolts (Degree or title) M.D. ADDRESS: Littlestown, Pa DATE SIGNED: 4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/20/54 — NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery — LOCATION (City, town, or county) (State): Silver Run, Carroll Co., Md.

DATE REC'D BY LOCAL REG. 4/19/54 — REGISTRAR'S SIGNATURE: C. Kay-Fogle

24. FUNERAL DIRECTOR: J. M. Littlestown — ADDRESS: Littlestown, Pa.
By P. A. Little

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 3469

3485 CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown X
LENGTH OF STAY (in this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Chandos (Middle) Miller (Last) Benner

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 31, 1877

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Alonzo Benner

14. MOTHER'S MAIDEN NAME: Eliza Virginia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Rev. Robert Benner, Pine Grove, Penna.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 40 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio sclerotic heart disease — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) (Degree or title) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1954, to 1 April, 1954, that I last saw the deceased alive on 31 March, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE Walton E. Stevens, M.D. ADDRESS Taneytown, Maryland DATE SIGNED 2 April 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr 5, 1954 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Taneytown Maryland

DATE REC'D BY LOCAL REGISTRAR April 3, 1954 — REGISTRAR'S SIGNATURE Mary S. Witt, Deputy

24. FUNERAL DIRECTOR C.O. Fuss & Son — ADDRESS Taneytown Md.

VS. A15

RECEIVED
APR 5 19
BUREAU V. S.

3475

03470

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 21

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50½ Carroll Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster 21

STREET ADDRESS (If rural, give location) 50½ Carroll St.

3. NAME OF DECEASED: (Type or Print) (First) JANICE (Middle) (Last) BLACK

4. DATE OF DEATH (Month) April (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 10-1-1951

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thornton O. Black

14. MOTHER'S MAIDEN NAME: Helen A. Legore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Thornton O. Black, Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 085.1

Immediate cause (a) Bronchial Pneumonia following measles

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mongolism and Microcephaly

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R S Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED April 7,1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 4-9-1954

NAME OF CEMETERY ~~OR CREMATORY~~ Sams Creek Brethren

LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. 4/8/54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 12
BUREAU V. S.

MARYLAND 3480

STATE DEPARTMETT OF HEALTH 03471

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marriottsville Road. X

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville X
STREET ADDRESS (If rural, give location) Marriottsville Road.

3. NAME OF DECEASED (Type or Print) (First) Cecilia (Middle) Glaig (Last) Bove

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1954

5. SEX F.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 25 1891

9. AGE last birthday 63 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Glaig

14. MOTHER'S MAIDEN NAME Otillia Janson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY No. 215-07-2968

17. INFORMANT AND ADDRESS Mr Charles G. Bove - Marriottsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578 X Immediate cause (a) Hemorrhage from bowel & Hematemesis

Antecedent cause(s) (b) Rupture of vessell in abdomen

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cardio vascular disease

INTERVAL BETWEEN ONSET AND DEATH 3 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 4/17/, 1954, that I last saw the deceased alive on 4/16/, 1954, and that death occurred at 9:45A. m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) Randallstown ADDRESS Md DATE SIGNED 4/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 4-20-54

NAME OF CEMETERY OR CREMATORY Springfield

LOCATION (City, town, or county) Sykesville, Md. (State)

DATE REC'D BY LOCAL REG. Apr. 19, 1954

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS

Luther H. Haight

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803472

3487 CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Henryton
LENGTH OF STAY (in this place): 1yr.2mos.19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital 05

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - #5 3V01-4
STREET ADDRESS (If rural give location): 1019 N. Wolfe Street

3. NAME OF DECEASED: (Type or Print) (First) Icansa (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-12-1925

9. AGE last birthday: 28 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Factory Work

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Jamestown, South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Brown

14. MOTHER'S MAIDEN NAME: Mary Nixon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: 251-32-7037

17. INFORMANT & ADDRESS: Dorothy Brown - 1019 N. Wolfe Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Far adv. bilat. pul. tbc. — Interval Between Onset And Death: 7 yrs.??

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1953, to 4-28, 1954, that I last saw the deceased alive on 4-28, 1954, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE: T.F. Postal, M.D. (Degree or title)

ADDRESS: Henryton, Maryland

DATE SIGNED: 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/1/54

NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.

LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 4-28-54

REGISTRAR'S SIGNATURE: Albert R. Smallwood Deputy Local

24. FUNERAL DIRECTOR: Mr. Robt A. Elliott & Sons, per M.L. Elliott asst.

ADDRESS

VS. A15

RECEIVED
MAY 6 1954
BUREAU V. S.

3476

MARYLAND STATE DEPARTMENT OF HEALTH

03473

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (in this place): 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 54 Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 54 Church Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Brown	April	10	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 21, 1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Hancock, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hendershot	Mary Ellen Deneen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		----------	C. Hayes Brown Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (chr)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis (chr) — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1954, to Apr - 10, 1954, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 8:45 a m., from the causes and on the date stated above.

SIGNATURE: W. C. Smith (Degree or title) M.D. — ADDRESS: Westminster Md. — DATE SIGNED: 4-11-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13, 1954	Westminster	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/11/54	H. Woodward	John R. Byers	Westminster, Md.

RECEIVED
APR 14 19[illegible]
BUREAU V. S.

03474

MARYLAND 3488 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (in this place) 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville; STREET ADDRESS (If rural, give location) Walkersville - Md ✓

3. NAME OF DECEASED (Type or Print): (First) Annie; (Middle) R.; (Last) Campbell

4. DATE OF DEATH: (Month) 4- (Day) 20 (Year) 19 54

5. SEX: Fem

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-21-1873

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ebenezer - ?

14. MOTHER'S MAIDEN NAME: Mathilda Gozwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Pneumonia (Hypostatic) — Interval Between Onset and Death: 12 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebrovascular Accident — 3 weeks

(c) Arteriosclerotic Cardio-Vasc dis with hypertension — 20 yrs or more

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr. Brain Syndrome ass. with arterioscler. with psy dis — 2 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 6, 1953, to 4-20, 1954, that I last saw the deceased alive on 4-20, 1954, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gertrud Sonnenfeldt M.D. Springfield State Hospital, Sykesville Md. 4-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 4-23-54; NAME OF CEMETERY OR CREMATORY: Reformed; LOCATION (City, town, or county) (State): Knoxville Md

DATE REC'D BY LOCAL REG.: 4-21-54; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: C H Feete Bros; ADDRESS: Buntsville Md

RECEIVED
BUREAU V. S.

03475

MARYLAND 3489 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville, Maryland; LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sykesville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary Alice (Middle) Brown (Last) Clark

4. DATE OF DEATH: (Month) 4- (Day) 14- (Year) 54 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-16-63

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Brown

14. MOTHER'S MAIDEN NAME: Mary Biddison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 K

Immediate cause (a) Cerebral vascilar accident — Interval between onset and death: 25 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis

(c) Chronic Brain Syndrome associated with senile brain disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-54, 19..., to 4-14, 19.54., that I last saw the deceased alive on 4-14, 19.54, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE A. Lubizka (Degree or title) M.D. ADDRESS Springfield Hospital DATE SIGNED 4/14/1954

A. Lubizka

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-17-54 — NAME OF CEMETERY OR CREMATORY: New Oakland — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: April 15, 1954 — REGISTRAR'S SIGNATURE: C. Harry Klein

24. FUNERAL DIRECTOR: Ward & Haight - Sykesville, Md. — ADDRESS

Ward H. Haight

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 003476

3477 CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 27 mos his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 163½ W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CLARK (Last) EBAUGH

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 29, 1909

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Carrollton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chester Allan Slaugh

14. MOTHER'S MAIDEN NAME: Stella Reese

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY No.: 214-01-0548

17. INFORMANT & ADDRESS: Mrs Hannie M. Slaugh 163½ W. Main St. Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — Instant

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Sclerosis — Short Time

DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31 ..., 19 54, to 4/3 ..., 19 54, that I last saw the deceased alive on 4/3 ..., 19 54, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Helene Speicher — ADDRESS Westminster Md — DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 6, 54 — NAME OF CEMETERY OR CREMATORY Lesters Cemetery — LOCATION (City, town, or county) Rural, near Westminster (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/4/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. S. Myers Jr. — ADDRESS Westminster, Md.

RECEIVED
APR 7
BUREAU V. S.

MARYLAND 3490

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03477

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1 year 11 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 203 S. Potomac Street

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) LEONORO (Last) EDMONDS

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1954

5. SEX fem.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 2-2-1876
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerical worker
10b. KIND OF BUSINESS OR INDUSTRY Hosp
11. BIRTHPLACE (State or foreign country) Washington County
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME NATHAN F. EDMONDS
14. MOTHER'S MAIDEN NAME Martha Show

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. not known
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 2 yrs and longer

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, simple deterioration — 2 years and longer

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1952, to Apr. 14, 1954, that I last saw the deceased alive on Apr. 14, 1954, and that death occurred at 6 20 P.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 4/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-17-54
NAME OF CEMETERY OR CREMATORY Bethany
LOCATION (City, town, or county) (State) Bakersville, Md.

DATE REC'D BY LOCAL REG. April 15, 1954
REGISTRAR'S SIGNATURE C. Harry Wiser
24. FUNERAL DIRECTOR A. K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3491

03478

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor X
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) ELIZABETH (Last) EDMONDSON

4. DATE OF DEATH (Month) April (Day) 7, (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 11-20-1883

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Coleman

14. MOTHER'S MAIDEN NAME Jennie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Chas. C. Lemmon, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 1% X (a) Carcinomatosis (ovary - original site) — INTERVAL BETWEEN ONSET AND DEATH: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct. 29, 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma - ovary - Carcinomatosis.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28/54, 19....., to 4/7/54, 19....., that I last saw the deceased alive on 4/7/54, 19....., and that death occurred at 7 15 A m., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) M.D. ADDRESS New Windsor, Md. DATE SIGNED 4/7/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 4-10-1954

NAME OF CEMETERY OR CREMATORY Mt. Pleasant

LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. Apr. 9-1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03479

3478 **CERTIFICATE OF DEATH** Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 George St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 23 George St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGARET CORDELIA GARVER

4. DATE OF DEATH: (Month) (Day) (Year) April 27 1954

5. SEX: f.
6. COLOR OR RACE: w.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 1/18/1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jacob Farver
14. MOTHER'S MAIDEN NAME: Jane Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 213-24-8329A
17. INFORMANT & ADDRESS: Mrs. Clyde Beagle, Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 6 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis and abd. aortic aneurysm — 3 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1953, to Apr 27, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Julius Chepko (Degree or title) M.D. ADDRESS 130 E. Green Westminster Md DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 4/30/54
NAME OF CEMETERY OR CREMATORY Methodist Dem.
LOCATION (City, town, or county) (State) Taylorsville Md

DATE REC'D BY LOCAL REGISTRAR April 28-1954
REGISTRAR'S SIGNATURE C Ray Fogle
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

3492 03480

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Springfield, Maryland
LENGTH OF STAY (in this place) 20yrs - 8mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) MILES (Middle) (Last) GORDON

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-22-1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Box factory
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Gordon
14. MOTHER'S MAIDEN NAME: Catherine Sheerean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 353.3

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia secondary to asphyxiation	(?)
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c) Epilepsy without psychosis	58 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDING OF OPERATION: ---
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
21c. (City or town) (County) (State) ---
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? ---

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-22-54
NAME OF CEMETERY OR CREMATORY Springfield Hospital
LOCATION (City, town, or county) (State) Lykesville, Md.

DATE REC'D BY LOCAL REG. April 22, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Lykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

3479 03481

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westminster
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 John St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 105 John

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) B. (Last) GORSUCH Sr.
4. DATE OF DEATH (Month) Apr (Day) 23 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Nov. 16, 1894	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Fertilizer factory
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis B. Gorsuch
14. MOTHER'S MAIDEN NAME: Laura V. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-16-1380
17. INFORMANT & ADDRESS: Lillie Gorsuch 105 John St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Gunshot Wound of Lead — INTERVAL BETWEEN ONSET AND DEATH Minutes
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home
21c. (City or town) Westminster (County) Carroll (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Apr 23 54 2:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Mead M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-26-1954
NAME OF CEMETERY OR CREMATORY Pleasant View Mem.
LOCATION (City, town, or county) Sandymount (State) Md.

DATE REC'D BY LOCAL REG. 4/24/54
REGISTRAR'S SIGNATURE C. Ray Fogle
24. FUNERAL DIRECTOR H. Bankard Son
ADDRESS Westminster, Md.

VS. A15A - ■ - 53

RECEIVED
Apr 1954
BUREAU V. S.

3493 03482

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 77

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Above address

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hampstead Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) RICHARD (Last) HAINES
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: July 3 - 1952
9. AGE last birthday: 1yr - 9 months yrs. IF UNDER 1 YEAR Months 21 mo. Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Curtis M Haines
14. MOTHER'S MAIDEN NAME: Reva Baggion
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Curtis Haines, Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 501 x

Immediate cause (a) Tracheobronchitis

~~DUE TO~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bilateral suppurative otitis media

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. [illegible] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED April 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Layet
LOCATION (City, town, or county) (State) Carroll County, Md
DATE REC'D BY LOCAL REG. 4/10/54
REGISTRAR'S SIGNATURE Henry J Reeds
24. FUNERAL DIRECTOR [illegible] Harner & sons, New Windsor, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - [illegible]

RECEIVED
APR 14
BUREAU V. S.

03483

MARYLAND 3494 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 7L

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nr. Union Mills X
LENGTH OF STAY (in this place): 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, Md. R. D. 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nr. Union Mills X
STREET ADDRESS (If rural, give location): Westminster, Md. R. D. 1

3. NAME OF (Type or Print) (First): Katherine (Middle): Rebecca (Last): Hamme

4. DATE OF DEATH (Month): 4/13/54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/27/1894

9. AGE Last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife, Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wilmer Haines

14. MOTHER'S MAIDEN NAME: Ella Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-01-6578

17. INFORMANT AND ADDRESS: Rev. Edward R. Hamme Westminster, Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestatie Carcinoma of Lung	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Ovary	8 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF offices bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1954, to April 13 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE: R. R. Potter (Degree or title) M.D. ADDRESS: Littlestown, Pa DATE SIGNED: April 13/1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4/17/54 | NAME OF CEMETERY OR CREMATORY: Meadow Branch Cemetery | LOCATION (City, town, or county) (State): Nr. Westminster, Carroll, Co - Md.

DATE REC'D BY LOCAL REG. 4/14/54 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: J. M. Little & Son, Littlestown, Pa.
Per R. A. Little

MARGIN RESERVED FOR BINDING

RECEIVED
APR 19 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03484

3495 CERTIFICATE OF DEATH Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
LENGTH OF STAY (in this place) 1month18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2618 Weisman Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Olga (Middle) Marie (Last) Hansen

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-8-1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Emile Johnson

14. MOTHER'S MAIDEN NAME: Christina Nelson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Infarction — Interval Between Onset And Death: Several wks.

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Broncho-pneumonia — 24 hours

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome, Pick's disease — Not determined

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8 ,1954, to 4-26 , 1954 , that I last saw the deceased alive on 4-26, 1954, and that death occurred at 11:55 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sonnenfeldt M.D. ADDRESS Springfield State Hosp., Sykesville DATE SIGNED 4-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-30-54 NAME OF CEMETERY OR CREMATORY Hillside Cemetery LOCATION (City, town, or county) Minn. (State) Minn.

DATE REC'D BY LOCAL REGISTRAR April 26, 1954 REGISTRAR'S SIGNATURE C. Harry Towe

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND

3496

STATE DEPARTMETT OF HEALTH

03485

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
MARYLAND
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 48 Market Place, Balt. 2 Md

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Franklin (Last) Hickman

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-25-1904

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Plastering

11. BIRTHPLACE (State or foreign country): Unk-

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Unk-

14. MOTHER'S MAIDEN NAME: ? Unk-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk- (If year, give war or dates of service):

16. SOCIAL SECURITY No.: Unk-

17. INFORMANT AND ADDRESS: Mrs Jack Witcher (sister) 8519 Pleasant Plane Rd. Towson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 002 X Pulmonary ruberculosis — Interval between onset and death: Dec'53-to present date.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic brain syndrome associated with alcoholic intoxication & psychotic rea ction & peripheral neuritis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26-52, to 4-17-54, that I last saw the deceased alive on 4-17-54, and that death occurred at 5:50 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Izydor Werner M.D.

ADDRESS: Springfield State Hosp. Sykesville Md.

DATE SIGNED: 4-17-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4-20-54

NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery

LOCATION (City, town, or county): Still Pond

(State): Md

DATE REC'D BY LOCAL REG.: April 18, 1954

REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR: B.R. Fellows

ADDRESS: Still Pond, Md

RECEIVED
[illegible] 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 13486

3497 CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Harney X
LENGTH OF STAY (in this place) lifetime
MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Harney X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mrs. Ada (Middle) Viola (Last) Hoffman

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954.

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 4, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Milton Reaver

14. MOTHER'S MAIDEN NAME: Elizabeth Clingan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Charles F. Hoffman -Taneytown, Md. R#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 9 days

331X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-, 1952, to 4-23-, 1954, that I last saw the deceased alive on 4-22-, 1954, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Potter M. D. ADDRESS Littlestown, Pa DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 26-54

NAME OF CEMETERY OR CREMATORY Lutheran

LOCATION (City, town, or county) (State) Harney, Md.

DATE REC'D BY LOCAL REGISTRAR April 26, 1954

REGISTRAR'S SIGNATURE Mary B. Witt, Deputy

24. FUNERAL DIRECTOR C.O. Fuss & Son

ADDRESS Taneytown, Md.

VS. A15

RECEIVED
APR 28 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3498 CERTIFICATE OF DEATH

03487
Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place): 5 mos. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) ELBERT (Middle) KYLE (Last) HUDGINS

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/5/75

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hudgins

14. MOTHER'S MAIDEN NAME: Sara Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Record, Springfield State Hospital, Sykesville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610 X
Immediate cause (a) Terminal Broncho-pneumonia — Interval Between Onset And Death: 3 days

DUE TO (b) Prostatic enlargement & obstruction to urethra — 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (c) Hydronephrosis — 1 Week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome associated with circulatory disturbance, cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7 ,1953, to 4/6/ ,19 54, that I last saw the deceased alive on 4/6/54, 19 54, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Gertrude M. Gross, M. D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-10-54 — NAME OF CEMETERY OR CREMATORY: Bluefield — LOCATION (City, town, or county) (State): Bluefield, W. Va.

DATE REC'D BY LOCAL REGISTRAR: April 7, 1954 — REGISTRAR'S SIGNATURE: C. Henry Thier

24. FUNERAL DIRECTOR: Hawkins Funeral Home — ADDRESS: Bluefield, W. Va.

VS. A15

APR 19
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

03488

3499

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH COUNTY: Carrol MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 23 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp	STREET ADDRESS (If rural, give location): Dunmore
3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) A (Last) KIRBY	4. DATE OF DEATH (Month) April (Day) 1 (Year) 1954
5. SEX: Fem — 6. COLOR OR RACE: Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 4/5/1875 — 9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Baltimore Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Thomas Stubbins	14. MOTHER'S MAIDEN NAME: Amelia Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): — — 16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anoxia due to massive rectal hemorrhage — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adenocarcinoma of body of uterus & infiltration into lower intestinal tract — 2 years and longer

(c) Hypertensive cardiovascular disease — 17 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Dementia precox paranoid type — 23 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Apr. 1, 1954, that I last saw the deceased alive on 3/31, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrud Sonnenfeldt	M.D.	Springfield State Hospital Sykesville Md.	4/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Apr 3 1954	NAME OF CEMETERY OR CREMATORY: Holy Cross	LOCATION (City, town, or county): Brooklyn (State): Md
DATE REC'D BY LOCAL REG.: 7-50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: H M Jenkins Hon Co	ADDRESS: 49054 York Rd

MARGIN RESERVED FOR BINDING

3500

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03489 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■efully. The correct age is especially important. Physicians: please write the causes of death cl■rly ■nd legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville, Md. | LENGTH OF STAY (in this place) 1yr. 5mo. 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore City No. 5
STREET ADDRESS (If rural, give location) 933 Rodman Way

3. NAME OF DECEASED: (Type or Print) (First) BERT (Middle) (Last) LEE

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Married	2-12-01	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unk.	Unk.	Sweden	naturalized U.S.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk. —	Unk.	Records at hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Old and new myocardial infarction due to — Interval between onset and death: yrs. and minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) arteriosclerosis

DUE TO (c) Chronic Brain Syndrome, associated with disturbance of metabolism, growth or nutrition, presenile brain disease with psychotic reaction.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lauren J. Thomas M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-20-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-22-54	Springfield Hospital	Sykesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 22, 1954	C. Hill Tyler	The H. Hoen & Son St. Sykesville, Md.

Certified H. Hoen

RECEIVED
APR
BUREAU V. S.

03490

MARYLAND

3501

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville | LENGTH OF STAY (in this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: ——
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS: ???? (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Waugh (Last) Norris

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5-16-1876

9. AGE last birthday: 77 yrs. | If under 1 year: Months. —— Days —— | If under 24 hrs.: Hours —— Min. ——

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Work -

10b. KIND OF BUSINESS OR INDUSTRY: Work -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Norris

14. MOTHER'S MAIDEN NAME: Sarah Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): ——

16. SOCIAL SECURITY NO.: Unk -

17. INFORMANT AND ADDRESS: Records of Springfield State Hsopital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Pulmonary embolism, right pulmonary artery — Interval Between Onset and Death: 4½ hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of the prostate with invasion of the urinary bladder. — more than one yr.

(c) ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hebephrenic schizophrenia — 54 years

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION: ——

20. AUTOPSY? Yes X No ☐

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE: ——

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —— (CITY OR TOWN) —— (COUNTY) —— (STATE) ——

TIME OF INJURY (Month) (Day) (Year) (Hour): —— m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 25, 1954, that I last saw the deceased alive on April 25, 1954, and that death occurred at 5:45 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross M.D. — ADDRESS: Martin Gross, M.D. Sykesville, Md — DATE SIGNED: April 25, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: 4-28-54 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: April 26, 1954 — REGISTRAR'S SIGNATURE: C. Henry Wood

24. FUNERAL DIRECTOR — ADDRESS: John H. Henry, Inc. Light & Montgomery Sts. Balto. Md.

RECEIVED
APR 28 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 03491

3502 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaither X
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaither
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Watkins (Last) Parlett
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 28 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leonard G. Watkins
14. MOTHER'S MAIDEN NAME: Mary V. Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Miss Ida B. Watkins - Gaither, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
42[illegible]1 Immediate cause	(a)	Coronary thrombosis	few minutes
	DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Myocardial infarction	6 years
	DUE TO		
016 X	(c)	Congestive cardiac failure	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis of left kidney

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1953, to 4-17, 1954, that I last saw the deceased alive on 4-14, 1954, and that death occurred at 845 PM, from the causes and on the date stated above.

SIGNATURE Bertrand R. Gau (Degree or title) M.D. ADDRESS SYKESVILLE Md. DATE SIGNED 4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-20-54
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Towson, Md.
DATE REC'D BY LOCAL REGISTRAR Apr. 18, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1954
BUREAU V. S.

03492

MARYLAND

STATE DEPARTMETT OF HEALTH

3503

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland X — LENGTH OF STAY (in this place) 17 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 806 N. Bradford Street ✓

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Prody			4. DATE OF DEATH (Month) April (Day) 14 (Year) 54		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 8-20-1893	9. AGE last birthday 60 yrs.	If under 1 year Months Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Emil Prody			14. MOTHER'S MAIDEN NAME Anna ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic malignant disease of liver and gall bladder	1 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the body of the uterus	1 mo.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with mental deficiency	17 years

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 4-14, 1954, that I last saw the deceased alive on 4-14, 1954, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrud Sonnenfeldt	M.D.	Springfield State Hospital Sykesville, Md.	4/14/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 4-19-54	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. April 19, 1954	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
V. S.

Item 18 Film G164 4/26/54

03493

MARYLAND

STATE DEPARTMETT OF HEALTH

3504

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland — LENGTH OF STAY (in this place) 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
Rural	Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie		Randall	[illegible]	7	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs: Hours. Min.
Female	White	Single	7-4-1884	69 70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	None	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk-	Unk-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	-	none	Records in hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
153 X Immediate cause (a) Intestinal obstruction probably due to cancer	few days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the rt. hip	9 weeks
904.9 (c) Senile psychosis, drug addiction	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture of the rt. hip	9 wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3-13-54, 1954, to 4/9/, 1954, that I last saw the deceased alive on 4/9/, 1954, and that death occurred at 1 50 p.m., from the causes and on the date stated above.

SIGNATURE A. Lubiska, M.D. (Degree or title) ADDRESS Springfield State Hospital DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
buried	4-11-54	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/10/54	[illegible]	[illegible]	[illegible]

V. S.

3480

03494

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place) 5 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 31½ W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster

STREET ADDRESS (If rural, give location) 31½ W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) ASBURY (Last) REINOHL

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 21, 1884

9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Whitley Mass

10b. KIND OF BUSINESS OR INDUSTRY: Garage & Apt. House

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David C. Reinohl

14. MOTHER'S MAIDEN NAME: Cecilia Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 218-34-5033

17. INFORMANT & ADDRESS: Mrs Flora M. Reinohl 31½ W. Main St. Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Artery disease — year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-10-54

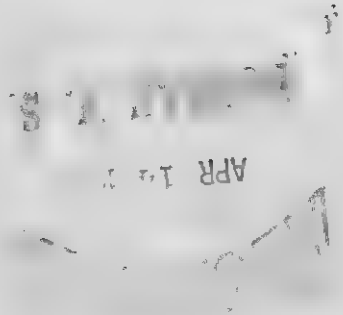
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Apr. 13, '54 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem. | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4/11/54 | REGISTRAR'S SIGNATURE G. Woodward | 24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03495

3505 **CERTIFICATE OF DEATH** Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 6

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGARET ELIZABETH RICHTER
4. DATE OF DEATH: (Month) (Day) (Year) APRIL 2 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 2-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: John R. Richter R.D. 6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 581.0
Immediate cause (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to April 2, 1954, that I last saw the deceased alive on April 1, 1954, and that death occurred at 8 A.m., from the causes and on the date stated above.
SIGNATURE Blethen Bare (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 4/3/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF April 4, 1954 NAME OF CEMETERY OR CREMATORY Westminster Cemetery LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 4/3/54 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR H Bankard & Son, Westminster ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 5 19[illegible]
BUREAU V. S.

Film G164 Item 14
4/26/54 emf
Item 9: film G166
6-1-54 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03496

3506

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville X
LENGTH OF STAY (in this place): Since 4-1-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3710 Erdman Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Sophia (Middle) Josephine (Last) Rohda

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	3-31-1880/ 1878	75 76/		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	USA

13. FATHER'S NAME: Edward Grabowski

14. MOTHER'S MAIDEN NAME: Frances unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Occlusion	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Generalized Arteriosclerosis	Years
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome due to Arteriosclerosis — 6 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-1, 1954, to 4-16, 1954, that I last saw the deceased alive on 4-16, 1954, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter K. Sonnenfeld M.D.		Springfield State Hospital	4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4 20 1954	Sacred Heart	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-19-54	A. W. Hedrick	Lilly & Zeiler Inc.,	403 S. Wolfe St.

VS. A15

353

MARYLAND

3507

STATE DEPARTMETT OF HEALTH

03497

CERTIFICATE OF DEATH

Reg. Dist. No. 24

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sykesville
LENGTH OF STAY (in this place): 6mo. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1010 St. Paul St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Josephine (Last) Rommel

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-17-80

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph R. Milligan

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Marchand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 9

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5.25X

Immediate cause (a) Acute Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: several days

Antecedent cause(s) (b) Chronic Interstitial Pneumonitis — years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) C.B.S. associated with circulatory disturbance, with cerebral arteriosclerosis, with psychotic reaction

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12-53 19, to 4-22, 19 54, that I last saw the deceased alive on 4-22, 1954, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE: Gertrude M. Gross, M.D. (Degree or title) — ADDRESS: Springfield State Hospital — DATE SIGNED: 4-22-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 4/24/54 — NAME OF CEMETERY OR CREMATORY: Silver Brook Cem. — LOCATION (City, town, or county) (State): Wilmington, Del.

DATE REC'D BY LOCAL REG.: 4-28-54 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)3498

3508 **CERTIFICATE OF DEATH** Reg. Dist. No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Westminster
LENGTH OF STAY (in this place) 5-4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 7

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 7

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) SENFT

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 31-1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer & orchardist

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Senft

14. MOTHER'S MAIDEN NAME: Eliza Link

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John W. Means Westminster R.D 7 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

181X
Immediate cause (a) Carcinoma of bladder — Interval Between Onset and Death: 1 year

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis C.V disease — year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to Apr 16, 1954, that I last saw the deceased alive on Apr 15, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James T. Thorne M.D Westminster Md 4/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-19-1954 — NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery — LOCATION (City, town, or county) (State) Pleasant Valley, Md.

DATE REC'D BY LOCAL REG. 4/18/54 — REGISTRAR'S SIGNATURE Clay Fogle

24. FUNERAL DIRECTOR — ADDRESS H Bankard & Son Westminster, Md.

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03499

3509 **CERTIFICATE OF DEATH** Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Md
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) Ewing (Last) Shamer

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: December 25, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman.
10b. KIND OF BUSINESS OR INDUSTRY: Railroad.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Shamer
14. MOTHER'S MAIDEN NAME: Emily Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 705-10-4875
17. INFORMANT & ADDRESS: Mrs Warren Shamer, Patapsco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153x

Immediate cause (a) Intestinal Obstruction. — INTERVAL BETWEEN ONSET AND DEATH 24 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Primary Carcinoma of Caecum — (?)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-13, 1954, to 4-14, 1954, that I last saw the deceased alive on 4-13, 1954, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (DEGREE OR TITLE) Md. ADDRESS Hampstead Md DATE SIGNED 4-14-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr. 17, 1954
NAME OF CEMETERY OR CREMATORY Patapsco Cemetery
LOCATION (City, town, or county) (State) Patapsco Maryland

DATE REC'D BY LOCAL REG. 4/14/54
REGISTRAR'S SIGNATURE L K Woodward by C R F
24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 19 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3510 CERTIFICATE OF DEATH

03500

Reg. Dist. No. 74

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) 3 mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1723 Guilford Avenue, Baltimore-2, Md. ✓

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) LOUISE (Last) SHANK

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12/19/81?
9. AGE last birthday: 72? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bradley P. Isaacs
14. MOTHER'S MAIDEN NAME: Mary B. Isaacs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465 X

Immediate cause (a) Lung embolism probably arising in the ischo-

DUE TO rectal abcess.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death minutes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic brain syndrome associated with circulatory disturbance, with cerebral arteriosclerosis, with psychotic reaction

Years

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1954, to 4/6/, 1954, that I last saw the deceased alive on 4/6, 1954, and that death occurred at 9:05 AM, from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-9-54
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR April 7, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wm Cook, Inc. ADDRESS 1217 St Paul St. Balto

1954
AU V. S.

Film#G164 Item# 2 4/14/54 emf

MARYLAND

3511

STATE DEPARTMETT OF HEALTH

03501

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (In this place): 8 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City — 2 Park Circle
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Cacy	(Last) Smith	4. DATE OF DEATH (Month) April (Day) 2 (Year) 1954
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single	8. DATE OF BIRTH: 4-12-74	9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Washington Smith			14. MOTHER'S MAIDEN NAME: Eliza Cacy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Hospital Records	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Terminal bronchopneumonia	8 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular disease	years
	(c) Hypertension + arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic brain syndrome (arteriosclerosis)	years

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-29, 1953, to 4-2-, 1954 that I last saw the deceased alive on 4-2-, 1954, and that death occurred at 7 20p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walther H Sonnenfeldt	M.D.	Springfield State Hospital	4/2/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/5/54	Chester Cem.	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1954	Huntington Williams, M.D. C. Harry Weer - cm	Wm. J. Pickner & Sons	Balto 17, Md.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH

03502

2411 N. Charles Street, Baltimore

3512

CERTIFICATE OF DEATH

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Daniel (Last) Snyder

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1883

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drug Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Snyder

14. MOTHER'S MAIDEN NAME: Ruth Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo): No.

16. SOCIAL SECURITY NO.: 216-09-8457

17. INFORMANT AND ADDRESS: Mrs. Wm D. Snyder, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — " "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1953, to April, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 11 30 P. m., from the causes and on the date stated above.

SIGNATURE: W.B. Culwell (Degree or title) M.D. ADDRESS: Mt Airy, Md. DATE SIGNED: April 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 4-11-1954 | NAME OF CEMETERY OR CREMATORY: Pine Grove | LOCATION (City, town, or county) (State): Mt. Airy, Maryland

DATE REC'D BY LOCAL REG.: April 10, 1954 | REGISTRAR'S SIGNATURE: Gracie A. Rinkles | 24. FUNERAL DIRECTOR: C.M. Waltz, Winfield, Md. ADDRESS

RECEIVED
APR 1
BUREAU V. S.

03503

MARYLAND STATE DEPARTMETT OF HEALTH

3513 CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Nr. Manchester X — LENGTH OF STAY (in this place): Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Nr. Manchester X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, Md. R.D.3	STREET ADDRESS (If rural, give location): Westminster, Md. R.D.3

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Henry (Last) Starner

4. DATE OF DEATH: (Month) 4/27/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/19/1874

9. AGE last birthday: 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David N. Starner

14. MOTHER'S MAIDEN NAME: Henrietta Darkus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Herbert S. Starner Littlestown, Pa. R.D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1½

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1949, to April 27, 1954, that I last saw the deceased alive on 4/1, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: W. H. Foard (Degree or title) M.D ADDRESS: Manchester, Md DATE SIGNED: 4/28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/29/54 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hanover, York Co., Pa.

DATE REC'D BY LOCAL REG.: Apr. 28/54 — REGISTRAR'S SIGNATURE: Mrs. W. P. S. Denner

24. FUNERAL DIRECTOR: J. M. Little & Son ADDRESS: Littlestown, Pa.

Per R. A. Little

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 30 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03504

3481 CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westminster
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 312 E. Main

3. NAME OF DECEASED: (Type or Print) (First) GARY (Middle) ULYSSIS (Last) STULL

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Sept. 27, 1899	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck driver		Md.	U.S.A.

13. FATHER'S NAME: Ulysses Stull

14. MOTHER'S MAIDEN NAME: Mary Jane Kiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-11-6345

17. INFORMANT & ADDRESS: Addie Stull 312 E. Main Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Myocarditis (acute) — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4-19- 1954, to 4-29, 1954, that I last saw the deceased alive on 4-28- 1954, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
W. C. Jennette	M.D.	Westminster Md	4-30-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 1, 1954	Meadow Branch Cemetery	Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30-1954	C. Ray Fogle	H. Bankard & Son	Westminster, Md.

RECEIVED
MAY 3 1954
BUREAU

Film#G164 Item# 8,9 4/12/54 emf

03505

MARYLAND — **STATE DEPARTMETT OF HEALTH**

3514 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carrol — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 36 y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Frederick — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unk
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) B (Last) Summers

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 1954

5. SEX: Fem

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 4-23-1897

9. AGE last birthday: 56 yrs. — If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bidle

14. MOTHER'S MAIDEN NAME: Margaret Marken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk-

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 15 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Syphilitic Cardio-Vascular — 25 years or more

(c) Disease with Aortic Insufficiency — 25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia - Hebephrenic type

19a. DATE OF OPERATION: /1

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1953, to April 4, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 4-4-54 m., from the causes and on the date stated above.

SIGNATURE Celina J. Borowski (Degree or title) M.D ADDRESS Springfield Hosp. Sykesville Md. DATE SIGNED 4-4-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 4/6/54 — NAME OF CEMETERY OR CREMATORY: Church of Brethren — LOCATION (City, town, or county) (State): Gladdle Co Hanover Md

DATE REC'D BY LOCAL REG.: Apr. 5, 1954 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: Middletown Md

MARGIN RESERVED FOR BINDING

APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03506

3515 CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 2years13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 18,
STREET ADDRESS (If rural give location) 935 North Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Sweetland

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-25-92

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Thomas

14. MOTHER'S MAIDEN NAME: Mary Funiock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Stenosis — Interval Between Onset And Death: years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Rheumatic Heart Disease — Many yrs.

DUE TO

(c) Systemic Syphilis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid reaction, paranoid state, with systemic syphilis. — 2 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16 ,19 52 , to 4-29 , 1954 , that I last saw the deceased alive on April 28 19 54, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sonnenfeld M.D. ADDRESS Springfield State Hospital DATE SIGNED 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-1-54 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 30, 1954 — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 1217 Allen St. Balto. Md.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03507

3516 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) Unknown ✓

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Taylor

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-29-1891

9. AGE last birthday: 62 52 yrs. IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Factory hand

10b. KIND OF BUSINESS OR INDUSTRY: -- Unk -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ensor C. Taylor

14. MOTHER'S MAIDEN NAME: Laura B. Daughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: Unk

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemopericardium and perforated left ventricle — Interval Between Onset And Death: Inst.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) wall due to acute myocardial infarction
DUE TO (c) Coronary artery sclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---- **19b. MAJOR FINDINGS OF OPERATION** -----

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --- **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) ----- (CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?** -----

22. I hereby certify that I attended the deceased from Aug. 6, 1945, to Apr. 7, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE Joseph S Brennan (Degree or title) M.D. ADDRESS Springfield State Hosp., Sykesville, Md. DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial **DATE THEREOF** 4-10-54 **NAME OF CEMETERY OR CREMATORY** Glen Haven **LOCATION** (City, town, or county) A. A. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 8, 1954 **REGISTRAR'S SIGNATURE** C. Henry Weir

24. FUNERAL DIRECTOR McCully Funeral Home **ADDRESS** 1308 E. Fort Ave

RECEIVED
APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03508

3482 **CERTIFICATE OF DEATH** Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster, 1
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 172 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 172 E. Main

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) TILLMAN (Last) TRAYER
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 9-1868
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carth & Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber yard
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Trayer
14. MOTHER'S MAIDEN NAME: Virginia Ann Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-07-9745
17. INFORMANT & ADDRESS: Lillian Brasman Flohr ~~[illegible]~~ Lisbon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

144X Immediate cause (a) Carcinoma of mucous membrane of gum and extended to jaw & metastases over body.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Oct. 1948 treated Oct. 1953

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Treated since Nov. 1st 1953
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1953, to 4-9, 1954 that I last saw the deceased alive on 4-9, 1954, and that death occurred at 8 45 m., from the causes and on the date stated above.

SIGNATURE J. L. Billingslea (DEGREE OR TITLE) M.D. ADDRESS Westminster, Md. DATE SIGNED 4-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 11-1954
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 4/10/54
REGISTRAR'S SIGNATURE H. C. Woodward
24. FUNERAL DIRECTOR H. Bankard & Son ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 12 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3517 **CERTIFICATE OF DEATH** Reg. Dist. No. 03509

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster X
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Herman (Last) Utermahlen
4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Highway Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Utermahlen
14. MOTHER'S MAIDEN NAME: Margaret Halter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-16-2704
17. INFORMANT & ADDRESS: Mrs John H. Utermahlen, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 322.1
Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Alcoholism Arteriosclerosis — 10 yrs
DUE TO (c) alcoholism

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 4 previous strokes — 1st in 1949

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, ~~19~~ to 4/8/, 1954 that I last saw the deceased alive on 4/6/, 1954, and that death occurred at 11:15 a.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Reese Wilkens M.D. Westminster 4/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 12, 1954
NAME OF CEMETERY OR CREMATORY Leisters Cemetery
LOCATION (City, town, or county) (State) Near Westminster Maryland

DATE REC'D BY LOCAL REG. April 9, 1954 4/10/54
REGISTRAR'S SIGNATURE Mary B. Wilt, Deputy Hewitt Reg. No. 16
24. FUNERAL DIRECTOR C.O. Fuss & Son Taneytown Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 12 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 035[illegible]

3518 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (In this place) 66 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 3

3. NAME OF DECEASED: (Type or Print) (First) CARROLL (Middle) (Last) WAREHIME

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 24. 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Warehime

14. MOTHER'S MAIDEN NAME: Mary Ellen Libby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Bessie E. Warehime R.D. 3 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Cerebral Hemorrhage - DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 13 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Apr 23, 1954, that I last saw the deceased alive on Apr 22, 1954, and that death occurred at 8:45 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. C. Jennette MD. ADDRESS Westminster Md DATE SIGNED 4-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF April 26/1954 NAME OF CEMETERY OR CREMATORY Lutheran Cemetery LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 4/24/54 REGISTRAR'S SIGNATURE C. Ray Fogle

24. FUNERAL DIRECTOR H. Bankard & Son ADDRESS Westminster, Md.

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3483 **CERTIFICATE OF DEATH** 03511

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY Carroll Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster 27
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 85 W. Green St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster, Md 27
STREET ADDRESS (If rural give location) 85 W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) MAY (Last) WEAGLY
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 21 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house-wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Smithburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Small
14. MOTHER'S MAIDEN NAME: Mary Jane Sier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Mary S. Weagly 85 W. Green St. Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1
(a) Chronic myocardial disease with valvular involvement
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis General
DUE TO
(c)

Interval Between Onset And Death: Cont Say; 15 or more yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950, to April 12, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur Speicher ADDRESS Westminster Md DATE SIGNED 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 14/54
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) Westminster Md (State)
DATE REC'D BY LOCAL REGISTRAR 4/13/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Myers, Jr. ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

80

3519 CERTIFICATE OF DEATH

Reg. Dist. No. 03512

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor X
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) A. (Last) WELLER

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX: f
6. COLOR OR RACE: w.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10/4/1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Gutman
14. MOTHER'S MAIDEN NAME: Elizabeth Club

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) if no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: W. L. Weller, New Windsor, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

202.0

Immediate cause (a) Follicular Lymphoblastoma — Interval Between Onset And Death: 5 Years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to 4/21/54, 19....., that I last saw the deceased alive on 4/21/54, 19....., and that death occurred at 12:45 PM, from the causes and on the date stated above.

SIGNATURE M. E. Robertson M.D. (Degree or title) ADDRESS New Windsor, Md DATE SIGNED 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 4/24/54 NAME OF CEMETERY OR CREMATORY Pipe Creek Cem. LOCATION (City, town, or county) Carroll County (State) Md

DATE REC'D BY LOCAL REGISTRAR April 27/1954 REGISTRAR'S SIGNATURE Oscar S. Burdett

24. FUNERAL DIRECTOR D. D. Hartzler + Sons ADDRESS New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1954
BUREAU V. S.